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Chairman Carpenter and members of the Committee:

Thank you for your attention to this important issue for the state and greater region. I represent the Kansas Academy of Anesthesiologist Assistants as President. I am a lifelong Kansan and would love nothing more than the ability to practice the art of anesthesia for Kansans in Kansas. HB 2368 is sensible, pragmatic legislation that is widely supported by anesthesiologists and health care administrators. I would like to give some attention to potential concerns that detractors raise regarding the introduction of CAAs in Kansas.

Opponents of this bill state there is no shortage of anesthesia providers in Kansas. Speak to any anesthesiologist in the state and you will hear a much different story. In the wake of the pandemic, there certainly is a shortage of full-time staff CRNAs for many anesthesia groups. The shortage stems from a wave of retirements/relocations combined with an ever-increasing demand for procedures requiring general anesthesia or sedation as our population ages. Many of these relocations are CRNAs who, seeing how much money can be made as a “locums tenens” 1099 provider, shifted to this model of independent contract work. This shift only further exacerbates the shortage, as contract CRNAs are largely able to dictate their hours, rarely working overnight call shifts, weekends, and holidays for the groups they contract with.

Opponents of this bill state allowing CAAs will hurt KS CRNA programs. There are some 800 CRNAs in Kansas, compared to 150-180 CRNA students at any one time (roughly 60% KU, 40% Newman University). This ratio of practicing CRNAs to students is more than adequate to appropriately train students. Both CRNA programs also have out-of-state rotations, and CRNA students are able to train with anesthesiologists as well as CRNAs. Most other CRNA and CAA education programs safely train their students with lower practicing anesthetist to student ratios. Oftentimes locums tenens CRNAs will unfortunately refuse to train CRNA students.

Opponents of this bill state the introduction of CAAs will lead to increased costs. A physician anesthesiologist supervising 3-4 CAAs (or CRNAs) is not only safe (as there is active physician involvement in every anesthetic), but cost-effective as well. This Anesthesia Care Team (ACT) model allows an anesthesiologist (and the gold standard level of care he/she provides) to be involved in up to four ORs or anesthetizing locations at once, enhancing the reach of each individual board-certified anesthesiologist. CAAs only practice under the ACT model. There is no difference in cost between CAAs and CRNAs where the ACT is utilized, as they are billed for identically and have the same salaries. CRNAs practicing outside of the medical direction of an anesthesiologist may be more cost-effective/attainable for small, critical access hospitals, but new models of CAA practice are not under discussion with HB 2368.

This is not a scope of practice issue, unlike other scope issues you are hearing about. CAA scope of practice will remain wholly unchanged; we are simply looking for a level playing field in a new jurisdiction. Any discussion of QZ billing or independent practice billing is irrelevant to this bill, as CAAs never practice outside of the medical direction of an anesthesiologist, anywhere. If cost is a discussion point, we should acknowledge the widespread usage of contract CRNAs for groups without other options increases the cost of anesthesia provision, and some portion of this cost ultimately becomes the patient's burden.

Opponents of this bill state CAAs are dependent providers who require supervision of an anesthesiologist. On this point they are correct! This is a feature of how CAAs practice, not a bug. Large tertiary care hospitals utilize the ACT to maximize safety, especially for critically ill patients. CAA practice is functionally limited to large cities and sites that utilize ACT, and will not affect rural CRNA independent practice. The dismay over one well-established group of anesthetists vying to join another well-established group of anesthetists in practicing anesthesia in Kansas for Kansans is truly unfortunate.